

Individual Community Living Budget Instructions

Table of Contents

Instructions for the ICLB Worksheet 1 <u>(Income, Benefits, Residential Living Expenses)</u>	page 3
Instructions for Completion of the Service Planner	page 9
Instructions for the ICLB Worksheet 2 <u>(Services)</u>	page 10
Instructions for the ICLB Summary	page 11
Approval Process	page 14
Budget Modification for Adjustment of Services	page 16
Residential Living Allowance Supplement	page 17
Community Transition Services Costs (formally start-up)	page 19
Addendum: Justifications	page 21
Guidelines for Expenses and Costs	page 23

INDIVIDUAL COMMUNITY LIVING BUDGET INSTRUCTIONS AND GUIDELINES FOR COMPLETION

The purpose of the Individual Community Living Budget (ICLB) is to authorize the allocation the State dollars identified through the person centered planning process as needed to assist in implementation of the services and supports identified in the Individualized Support Plan (ISP). The ICLB shows funding sources for all services and supports, including Bureau of Developmental Disabilities Services (BDDS) residential services, Developmental Disability and Autism waiver services , vocational habilitation services, etc. required to support the basic needs of the individual in the community.

An ICLB shall be completed when State residential service dollars are being requested to support an individual in his or her own residence in the community. These services may include the services described in the ***SERVICE DESCRIPTIONS FOR COMPLETING THE ICLB.***

The ICLB is a financial agreement between the consumer and/or guardian, the provider agency, and Bureau of Developmental Disabilities Services (BDDS) and must be approved by BDDS prior to the initiation of services and reimbursement for expenses. The ICLB specifies the financial responsibilities of the consumer and/or guardian toward the consumer's own living expenses as well as the amount of BDDS State dollars to be allocated on behalf of the consumer. Provider agencies that have established contracts with DDARS/BDDS, Case Managers or BDDS Service Coordinators may develop and submit ICLBs for approval by the BDDS District office; however, since it is an agreement with the provider, it is ultimately the responsibility of the provider agency to ensure completion and submission of the ICLB.

GENERAL GUIDELINES FOR ICLBS

- The submission of the ICLB should be 6 weeks prior to the expiration date of the previous ICLB or prior to the beginning of new services. Any ICLB submitted after the expiration date of the previous ICLB or after services have already begun is considered late.
- The start date for any ICLB submitted late, will only go back to the first of the month that the ICLB is submitted to the BDDS district office. As long as the ICLB is in "request for information" status, the start date will go back to the first of the month it was submitted. If the ICLB is denied, the start date of the resubmitted ICLB will only go back to the first of the month it is resubmitted – not the original submission date of the denied ICLB.
- Approval by BDDS of the ICLB start date does not guarantee payment.
- If the provider responsible for assisting the individual in the management of his/her resources makes an error in the management of those resources resulting in loss of Medicaid, or loss of Social Security benefits, etc. the State of Indiana will not augment the loss of benefits.
- Residential Living Allowance (RLA) and Community Transition Services Costs (formally start-up funds) are a cost reimbursement to the provider based on actual expenses.

INSTRUCTIONS FOR COMPLETION
WORKSHEET FOR INDIVIDUAL COMMUNITY LIVING BUDGET
Page 1

Enter the last, first, and middle name of the individual for which the ICLB is being completed. Use the individual's legal name. Enter the date that the ICLB starts and the length of the ICLB by indicating the number of months that it will be in effect (from 2-12 months). The approval of an ICLB will automatically cancel out any previous ICLB.

I. INDIVIDUAL'S ASSETS

It is required that the individual and/or guardian report on the ICLB all of the individual's bank accounts and other assets. The provider responsible for managing the individual's resources shall determine the individual's proportionate share of jointly owned assets and enter that amount in the appropriate column.

Bank Accounts:

1. **Checking:** For each checking account, enter the current account balances, bank name, and dates of balance.
2. **Savings:** For each savings account, enter the current account balances, bank name, and dates of balance.
3. **Other:** For all other bank accounts (e.g., certificates of deposit), enter the current account balances, bank name, and dates of the balances.
4. **Subtotal:** The sum of Lines 1, 2, and 3 of Account Balances column.

Other Assets:

5. **Real Property:** Enter the total cash value of personal vehicles, real estate, real estate and furnishings. Disregard the value of one personal vehicle if necessary for employment or service participation, the individual's primary residence, and all household furnishings of the individual's primary residence in determining the cash value amount of real property.
6. **Securities:** Enter the total surrender value (less fees) in the Cash Value column of all stocks, bonds, and notes. (Indicate maturation date or anniversary date.)
7. **Trust Fund/Annuity:** Include legally constructed funds designated for use by or on behalf of the individual. Terms of trusts shall be disclosed in full by

providing a copy of the trust instrument (and an inventory of the trust) to BDDS District Office. Include the cash surrender value of life insurance policies for the individual; however, disregard when the cash surrender value is designated to a payee other than the individual (e.g., guardian, trustee, funeral home director). BDDS will not pay for the premiums of life insurance policies or burial trusts.

8. **Personal Property:** Include contents of safety deposit boxes, jewelry and other valuables having a value of more than \$100. Items are to be appraised at current market value and the total entered in the Cash Value column.
9. **Other:** Specify any other assets having a value of more than \$100 and not listed previously.
10. **Subtotal:** The sum of Lines 5 through 9 of Cash Value column.
11. **Total Assets:** The sum of Lines 4 and 10.

II. **INDIVIDUAL'S MONTHLY INCOME AND BENEFITS:**

1. **Net Earned Income:** Enter the total current net earned income of the individual. Net earned income is based upon monthly payroll records and may be averaged, using the previous three months of payroll records as the basis.
2. **Earned Income Incentive:** Earned Income Incentive (EII) allows the individual to increase the amount of discretionary income for use to purchase items not normally funded under monthly living expenses. The use of EII should be based upon the Person Centered Planning process and reflected in the ISP. If the person receives an RLA, decisions must be documented on the ADDENDUM: Discretionary Funds form of the ICLB. The individual may also choose to use these funds to increase independence and apply EII to monthly living expenses, thus reducing or eliminating an RLA. The individual's job security must also be taken into account when making these decisions. BDDS will not support items not covered in the ICLB guidelines due to loss of wages (i.e. car payments, car insurance, loans, etc.) The following is an example for calculating the EII. (The amount will be calculated in the automated form.) Enter the amount by figuring the first \$16 of earned income plus 50% of all earned income over \$16. An example follows to illustrate the calculations:

Example:	\$125.00 per month – net earned income
	<u>-16.00</u>
Step 1	109.00
	<u>X 50%</u>
Step 2	54.50
	<u>+ 16.00</u>
Step 3	\$70.50

3. **Income Balance (Adjusted Net Earned Income):** The difference between Line 1 and Line 2. This amount will be used to support the Monthly Living Expenses in addition to any other benefit described in lines 4 through 9.

The individual and/or guardian is expected to apply for all entitlements and benefits for which the individual may be eligible. The provider responsible for assisting the individual in managing his/her resources and/or the case manager are expected to assist the individual in applying for these benefits within 30 days of beginning new services.

1. **Supplemental Security Income (SSI):** Enter the monthly amount of SSI currently received.
2. **Social Security Disability Income (SSDI):** Enter the monthly amount of SSDI currently received.
3. **Pension/Annuity Income:** Enter the monthly amount of income from pensions or annuities (e.g., V. A. pensions, retirement plans, trust funds).
4. **Food Stamps/EBT:** Enter the monthly amount of Food Stamps/ Electronic Benefit Transfer Card benefits currently received.
5. **HUD:** Enter the monthly amount of housing voucher benefit currently received.
6. **Other:** Itemize other sources of income (e.g., the interest on checking, savings and certificate of deposit accounts, payments from a contract sale, income from a rental property, and support payments), and enter the total monthly amount currently received.
7. **Total Monthly Income and Benefits:** Sum of lines 1 through 9.

When an individual receives a lump sum increase in resources (i.e. inheritance, social security back pay, etc.), the individual and/or guardian must immediately report this increase to the provider responsible for assisting the individual in managing his/her resources. The provider must confirm the legitimacy of the lump sum. If failure to account for an increase in resources results in the individual being required to “pay back” SSI or SSDI, the provider shall be responsible for those costs, not the State of Indiana. Once the resources have been confirmed, the Individualized Support Team shall assist the individual and/or guardian to develop a plan for using these funds. If the individual receives a Residential Living Allowance (RLA), the Addendum page of the ICLB must be completed to document the decision. Considerations should be made to purchase those items not normally included in the monthly living expenses and purchased with monthly income and benefits.

III. MONTHLY LIVING EXPENSES

The Total Monthly Living Expenses should not exceed 150% of the federal poverty level for a single individual without written justification. The Total Monthly Living Expenses is an estimate of costs. See GUIDELINES FOR EXPENSES AND COSTS for additional information.

The monthly voucher the provider agency presents to DDARS/BDDS and FSSA Financial Management must be supported by actual receipts of expenditures for the month. The provider may bill for an amount over the monthly RLA noted on the ICLB in any month as long as the total amount of the RLA authorized for the length of the ICLB is not exceeded.

The following explanations are offered to assist in determining the amounts for monthly living expenses.

- A. Expenses that are not paid on a monthly basis (e.g., non-insured medical expenses or quarterly insurance premiums) are to be equally divided across the length of the ICLB. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
- B. Fluctuations in monthly utility costs are to be totaled and averaged for the monthly amount. The provider is responsible for monitoring the monthly expenses and allocating the funds in the month that the cost is actually incurred.
- C. All persons residing within the home, whether a service recipient or not, must equitably share in the monthly living expenses, which includes rent, groceries, utilities, phone and other shared residential living costs. A person is considered to be residing in the home if the continued presence in the home exceeds 14 days. Monthly living expenses are for the sole purpose of the individual and must not be used to support the needs of support staff, family or friends.

- D. If a stipend is the means by which the person providing support and supervision is paid, the provider agency must include the stipend into the shared costs at the residence.
1. **Housing:** Enter the monthly amount of rent currently paid by the individual. If a monthly HUD voucher is given to the landlord with the monthly rent, include the actual cost of the rent in the total monthly amount. The DDARS/BDDS will support costs based on the Fair Housing assessment provided by the Housing Authority (see GUIDELINES FOR EXPENSES AND COSTS.) Housing costs must include the provision of the refrigerator, stove, furnace/heating units and other appliances. Costs may include air conditioner and/or washer/dryer (if included in the rent). Purchase of major appliances with RLA is not permitted.
 2. **Utilities:** Enter the monthly amount of utilities (gas, electric, water, sewer, trash service) to be paid by the individual. Annual amounts for utilities need to be added and averaged for the monthly amount to cover the length of the ICLB.
 3. **Telephone:** Enter the monthly amount of the basic local telephone service to be paid by the individual, with a reasonable amount of long distance (SEE GUIDELINES FOR EXPENSES AND COSTS) as outlined by the IST. The telephone service costs are for the sole use of the individual and must not be used for the purpose of the provider.
 4. **Groceries:** Enter the total monthly amount of food to meet the basic nutritional needs of the individual. The groceries that are supported by this expense are groceries solely for the individual and housemates. Purchase of food for use by support staff, family or friends is not permitted.
 5. **Personal Necessities:** Enter the total monthly amount to cover such personal necessities as clothing (underwear, socks, etc), haircuts, personal hygiene items (shampoo, soap, toothpaste, deodorant, nail clippers, toilet paper, etc.), cleaning supplies (dish detergent, paper towels, glass cleaner, toilet bowl cleaner, etc.), and laundry expenses (laundry soap, fabric softener, Laundromat costs, etc.) to be paid by the individual.
 6. **Property Insurance:** Enter the total monthly costs of premiums for renter's or homeowner's (if the individual owns the home) insurance to be paid by the individual.
 7. **Medical-Not Insured:** Enter the total monthly amount to cover medical supplies, medications, or medical treatments necessary to meet the needs of the individual that cannot be covered by other sources (health insurance, Medicaid State Plan). This does **not** include the Medicaid spend down listed in Line 12 of this section.

9. **Other:** Specify any additional expense categories not otherwise listed (i.e., basic cable). Enter the total monthly amount needed for this category and itemize in the explanation box.
10. **Subtotal of Expenses:** Sum of lines 1-9.
11. **RLA administration:** This is applicable when a provider contracted through BDDS is handling the RLA only and services are provided by an agency that does not have a contract with BDDS. The RLA administration amount is 5% of the total residential living expenses.
12. **Medicaid Spend Down:** If the individual is not receiving services on the DD waiver, the amount of spend down that the individual is responsible for should be entered on this line
13. **Total Monthly Living Expenses:** Sum of lines 10 through 12.
14. **Total Monthly RLA Amount:** Line 13 minus line 9.
15. **Average Daily RLA Amount:** Line 14 times 12 divided by 365
16. **Total RLA for duration of the ICLB:** Line 14 multiplied by the number of months the ICLB is to be in effect.

The fields for numbers 14 – 16 should show a zero if the individual's income exceeds their expenses.

INSTRUCTION FOR COMPLETION OF THE SERVICE PLANNER

A Service Planner is required with every ICLB that includes service costs, and is to describe the estimated number of all services and hours of services that the individual will receive in an average week. The Service Planner must indicate all services that the individual will receive, including work, counseling, as well as the proposed ICLB services.

In developing service plans, there must be a clear connection between the basic needs of the individual, as identified in the Person Centered Planning Process and ISP, and the services to be delivered.

When housemate(s) also receives services, shared services must be indicated on the service planner.

All services should be identified with the ratio of individuals to staff. (One individual to one staff is 1:1 – Two individuals to one staff is 2:1)

For example:

- RHS 1:1 = Residential Habilitation and Support one-on-one
- Work 2:1 = Job in community, two individuals with one staff
- Work 1:0 = Job in community with no staff
- Therapy-G 8:1 = Group Therapy with 8 individuals and one staff

NOTES: For each separate service count the number of hours for that service and divide by the number of individuals sharing that services. That quotient is the number to be used as the number of hours/week that the individual receives that service.

The BDDS Services pages must reflect the number of units indicated for each service on the service planner, multiplied into a monthly total. If these do not match, the ICLB will not be approved.

**INSTRUCTIONS FOR COMPLETION OF WORKSHEET FOR INDIVIDUAL
COMMUNITY LIVING BUDGET - Page 2 - 4**

IV. BDDS Service Costs:

Services are intended to assist the individual to reside in his or her own home, be an active participant in his or her community, and develop skills to become as independent as possible from needing paid service supports. The appropriate number of units of service to be funded with State dollars by BDDS needs to be entered and must be a reflection of the services indicated on the service planner. The amount and combination of services should reflect the services needed to support an individual during one month's period. The rates of reimbursement include administrative costs. Additional units of services shall not be included for administration reimbursement or indirect services (See SERVICE DESCRIPTIONS FOR COMPLETING THE ICLB and BDDS SERVICE DEFINITIONS AND STANDARDS MANUAL)

Cost to be reimbursed must be for actual services provided and documented, regardless of the amount of services described in the Service Planner or noted on the ICLB.

**INSTRUCTIONS FOR COMPLETION
INDIVIDUAL COMMUNITY LIVING BUDGET
SUMMARY PAGE**

- Enter the date the ICLB is prepared,
- Enter the appropriate BDDS District Office
- Enter the name of the of the ICLB preparer, select the appropriate affiliation in the drop down box, and enter the e-mail address of the preparer
- Indicate the Day Service Provider (sheltered work, supported employment follow-along, Community Habilitation and Participation, etc.) and funding source (i.e, Title XX, Waiver, etc.)

A. Individual Covered by Community Living Budget: Enter the number of persons residing in the home, including support staff who reside at that address.

1. **Last Name:** Enter the legal last name of the individual covered by the ICLB.
2. **First Name:** Enter the first name of the individual covered by the ICLB. Use the complete legal name of the individual not the nickname, i.e. Robert instead of Bob. Margaret instead of Peggy.
3. **Date of Birth:** Enter the month, date and year of the individual's birth, i.e. 02/04/1956.
4. **RID Number:** Enter the individual's current Medicaid number (the Recipient's Identification Number). Enter "Applied" if the individual has applied and a determination of eligibility is pending. Enter "Appealed" if the individual is in the process of appealing a denial and a determination has not been completed. Enter "Denied" if eligibility has been denied and the denial has been upheld on appeal.
5. **Social Security Number:** Enter the individual's Social Security Number. Please take any needed efforts to assure that the number is correct.
6. **Address and City and Zip:** Enter the individual's address of residence.

B. DDARS/BDDS Funding Requested for Individual:

This section completes automatically.

1. **Total RLA Requested for this ICLB Period:** The total amount as indicated on line 15, in Section III of the ICLB Worksheet – Page 1.

2. **Total Services Requested for this ICLB Period:** The Subtotal Cost of Services for the Duration of the ICLB as indicated on the ICLB Worksheet – Page 2, 3 and 4.
3. **Total Amount Requested on ICLB:** Total amount requested (total RLA and services) and the daily average

C. Other Funds Used for Individual's Support:

1. **Medicaid Waiver Type:** Enter the appropriate waiver funding that the individual is receiving (A&D, Autism, DD, or TBI Waiver). This is a drop down box. Please note that if an individual receives services on a waiver, the ICLB cannot be used to subsidize services not covered on the waiver. Individuals on the Support Services Waiver are not eligible for an ICLB.
2. Enter the **Waiver Slot Number**.
3. **Monthly Waiver Amount:** Enter the total monthly amount, if the individual is targeted for or currently receiving services paid by the Medicaid Waiver funding.
4. **Monthly Medicaid Prior Authorization:** Not used at this time.
5. **Other Monthly Funds:** Enter monthly amounts for other funding sources used to support the individual such as C.H.O.I.C.E., Department of Education, DEL- Article 7 services, or Vocational Rehabilitation Services. If the individual already receives services funded by these sources and funding is expected to continue at the same level, enter the current monthly amount.
6. **Total Other Funds:** Total of Lines 1 through 3. Daily rate is line 6 times 12 months 12 months divided by 36t

D. Comparison of Costs:

1. **Current ICLB Expires:** Enter the date the most recently approved ICLB expires.
2. **Current Provider Agency:** Enter the full legal name of the current contracted provider responsible for assisting the individual in managing his/her resources.
3. **Current ICLB Total Daily Average:** Enter the daily average of the most recently approved ICLB

4. **Community Transition Services costs (formally start-up)**: The amount from the Worksheet for One-time Start-Up. This amount may not exceed the amount established by BDDS. (See GUIDELINES FOR EXPENSES AND COSTS)
5. **Proposed ICLB start and duration**: Enter the proposed date in which the ICLB is to start and the projected number of months in which it will be in effect (must be at least 2 months).
6. **New Provider Agency**: Enter the full legal name of the contracted provider responsible for assisting the individual in managing his/her resources when this budget is approved. If there is no change in provider, leave this line blank.
7. **Proposed ICLB Total Daily Average**: The total daily average from line 3, in Section B of this page.
8. **Proposed Earned Income Incentive**: The Earned Income Incentive from Section II, line 2 of the ICLB Worksheet – Page 1.

E. Acknowledgment and Signatures

The living expenses, services, and the individual's responsibilities based upon the individual's income and benefits under this Budget shall be explained to the individual and/or the legal representative. Upon review of the ICLB, the individual and/or guardian is to sign and date the Budget Summary on the identified lines, which indicates his/her approval. The representative of the contracted provider responsible for assisting the individual in managing his/her resources is to sign and date the Budget Summary on the identified line, which indicates the provider's commitment to providing the services reflected in the service planner and the residential living expenses to the individual.

APPROVAL PROCESS

It is recommended that ICLBs be submitted to the BDDS Service Coordinator six weeks prior to the current ICLB expiration date and prior to beginning new services. It is not recommended that new services begin without prior approval by BDDS. All ICLBs submitted should be complete, legible and correct. Hand written corrections to ICLBs are not acceptable. Faxed, handwritten, illegible, incomplete or incorrect ICLBs will be denied and returned.

ICLBS under \$250/day

1. ICLBs will be data entered in the local BDDS office
2. There will be three options for the BDDS Service Coordinator: a) Approval; b) Request for Information; c) Denial. If the ICLB is under \$68/day, a cover letter will be generated to send to the provider with the applicable decision (and copy of the ICLB for approval and denial decisions). The Service Coordinator has 9 days to review and make a decision. ICLBs over \$68.00/day will be forwarded to the District Manager for review.
3. There will be three options for the District Manager: a) Approval; b) Request for Information; c) Denial. A cover letter will be generated to send to the provider with the applicable decision (and copy of the ICLB for approval and denial decisions). The District Manager has 9 days to review and make a decision. ICLBs over \$250/day will go to the Directors of BFS and BDDS for review.
4. Once approved by the local BDDS office, ALL ICLBs under \$250/day will be forwarded electronically to BFS via a "hot list." BFS will review ICLBs for technical and/or fiscal errors that will affect billing.
5. There will be three options for BFS: a) Verification (okay to bill); b) Request for Information; c) Rejection. A letter will be generated to send to the provider and district office with the applicable decision. BFS has 9 days to review and make a decision. **The verification letter will let the provider know that it is appropriate to bill against the ICLB. A provider should not bill against an ICLB until they receive the verification letter.** Requests for Information will be routed through the appropriate Service Coordinator for follow-up.

ICLBS over \$250/day

1. ICLBs will be data entered in the local BDDS office
2. There will be three options for the BDDS Service Coordinator: a) Approval; b) Request for Information; c) Denial. The Service Coordinator has 9 days to review and make a decision. If approved, the ICLB will be forwarded to the District Manager.
3. There will be three options for the District Manager: a) Approval; b) Request for Information; c) Denial. The District Manager has 9 days to review and make a decision.
4. Once approved by the local BDDS office, the paper copy of the ICLB will be forwarded to the Director of BFS and the Director of BDDS for review.

5. There will be three options for both Directors: a) Approval; b) Request for Information; c) Denial. The Directors have 9 days to review and make a decision.
6. The paper ICLB with Director signatures will be returned to the local district office, and the local district will generate the appropriate letter to send to the provider (with a copy of the ICLB for approvals and denials). **Since the BFS Director signs this ICLB, there will not be a separate verification letter generated; therefore, this approval letter will serve as notification that is okay to bill against this ICLB.**

Exceptions: ICLBs with a 10% require the District Manager's approval regardless of total daily rate. All initial ICLBs require the approval of the Director of BDDS. ICLBs with AFC and CFC require the approval levels of \$1,500 Service Coordinator, \$2250 District Manager; and \$3000 Director of BDDS. ICLBs with IAS services require approval levels of \$750 Service Coordinator and \$1000 District Manager.

DISTRIBUTION:

All BDDS and BFS decisions will be sent via e-mail or fax to the provider responsible for the management of the individual's funds and if applicable, the case manager. The provider will ensure the individual or his/her guardian is provided with a copy of the ICLB and also, if denied, informed in writing of appeal rights.

The 317 Funding Code is required on the ICLB Summary page. This is to be completed by BDDS staff only.

BUDGET MODIFICATION REQUEST for ADJUSTMENT of SERVICES

1. An existing ICLB may be modified when an individual being served requires an increase in Residential Habilitation and Support, Health Care Coordination, and/or Behavioral Support Services **ONLY**. Residential Habilitation and Support may be added to services for individuals receiving Independence Assistance Services in emergency situations only.
2. The provider shall immediately notify the District Office of an individual needing a short-term (two months or less) increase in selected services via the use of the **Budget Modification Request (BMR) for Adjustment of Services** form. Except in the case of emergencies, a BMR must be submitted prior to the actual increase in services or as soon as there is identification that additional services are necessary. In an emergency the provider should provide needed services and contact the District Office by the end of the next State business day for approval (see section 3 below). The BMR may cover no more than a two (2) month period. If the need for the additional services will exceed this period, the ICLB must be revised. The BMR shall indicate the current level of services, the additional amount of services and the total of the request. A detailed written justification of the request must be provided. After approval by the District Manager, the BMR shall be sent to the Director of BDDS by the BDDS District, not by the provider. A copy of the approved BMR is kept in the individual's file in the BDDS District Office.
3. There can be only one BMR in effect at one time. If a BMR is submitted and subsequently a second BMR is submitted covering the same time period, the second BMR must include the request from the first BMR. For instance, a BMR for April and May requests an increase in Behavior Management. In April, it is determined that an increase in health care coordination is needed for the months of May and June. The original request for an increase in Behavior Management must be included on the second BMR for Health Care Coordination in order for it to be covered.
4. The time frames associated with the ICLB process and the levels of approval are applicable to any associated BRM costs.

RESIDENTIAL LIVING ALLOWANCE SUPPLEMENT (RLAS)

A provider may bill for an amount over the estimated monthly amount on the ICLB in any given month. If it appears that the total amount authorized for the residential living allowance is insufficient, the provider may request a supplement to the RLA only in cases where unexpected expenses have been incurred. An RLAS cannot be requested due to failure to appropriately manage monthly budgeted amounts.

1. An existing RLA may be supplemented when an individual being served requires an increase in Residential Living Allowance. This Residential Living Allowance Supplement form must be used. **Only one Supplement may be used** to supplement an approved RLA under an ICLB.
2. The provider shall immediately notify the District Office of an individual needing a supplement to the RLA. Except in emergencies, a RLA Supplement must be submitted prior to the actual expenditures or as soon as there is identification that additional supports are necessary. In an emergency the provider should provide the needed support and contact the District Office by the end of the next State business day for approval.
3. The RLA Supplement shall include the name of the preparer and the associated phone number and agency name.
4. The RLA Supplement shall include the requested demographic information.
5. The RLA Supplement shall include the start date of the associated ICLB and the date in which it is requested.
6. The RLA Supplement shall include the total RLA amount for this period of the associated ICLB, the additional amount requested and the total request.
7. The RLA Supplement shall include the new daily average.
8. The RLA Supplement shall include a justification for the requested RLA supplement.
9. The RLA Supplement shall include the signature of the provider representative and date.
10. The RLA Supplement shall be sent to the Director of BDDS by the BDDS District Office and not the provider. The approval levels and time frames for the RLAS are the same as for the ICLB.
11. RLA Supplements may include a request for repairs in the home or residence due to behavioral aggression. However, in order for BDDS to consider reimbursing for these repairs, there must be sufficient documentation of the appropriate implementation of a behavioral intervention plan, if applicable, and supervision of

the individual. Consultation with the Service Coordinator is necessary in order to determine the appropriateness of requesting a BMR for repair as result of damages. Negligence or lack of regular maintenance of the residence is not a justification for a RLAS.

COMMUNITY TRANSITION SERVICES COSTS (formally Start-up)

Community Transition Services Costs are intended to assist an individual's initial transition into community based residential services when the lack of resources is a barrier to the individual's moving. These costs are available for the initial move only and are not available for subsequent moves within the community. **Costs shall be itemized and receipts shall be retained for review. The items purchased become the property of the individual. When individuals share items, a plan for the division of property shall be developed. Community Transition Services shall be utilized and billed within 90 days of incurring the expense.**

NOTE: The Housing Deposit and the Utility Deposits/Hook-ups are to be included in the Community Transition Services Costs. See GUIDELINES FOR EXPENSES AND COSTS

Enter the **last and first name** of the individual for whom community transition services costs are being requested. Enter the **date the ICLB starts** and the **length of time in months** the ICLB is to be in effect.

1. **Housing Deposit:** Enter the amount required as a deposit for the individual's residence. Divide the amount in a fair and equitable manner if more than one individual shares the residence. It is expected that the individual will recover his/her deposits upon moving or transfer them to any subsequent moves.
1. **Utility Deposits/Hook-Ups:** Enter the total amount necessary to begin utility services to the residence (e.g. phone, electricity, water). Divide the amount in a fair and equitable manner if more than one individual shares the residence. It is expected that the individual will recover his/her deposits upon moving or transfer them to any subsequent moves.
2. **Furnishings:** Enter the total amount needed to provide basic furnishings (e.g., bed, table, chair, couch, dishes, utensils, towels, bedding). An itemized list of purchases and receipts shall be retained by the provider responsible for assisting the individual in managing his/her resources in the individual's financial records. These items become the property of the individual. If individuals are to share furnishings, an agreed upon "buy out" or division of property plan must be developed between the individuals in the event that housemate(s) move. Appliances shall not be purchased.
3. **Clothing:** Enter the total amount of basic clothing items needed by the individual.

4. **Other:** Based upon the unique needs of the individual, other items may be purchased with approval by BDDS to assist in establishing a residence. Enter the amount of these items.
5. **Total Community Transition Services Costs:** The sum of Lines 1 through 5.

Use the area titled "Justification and Notes" to provide a justification for the requested costs.

Note: The reimbursement for Community Transition Services Costs may not exceed an amount established by BDDS. (See GUIDELINES FOR EXPENSES AND COSTS)

ADDENDUM: JUSTIFICATIONS

Enter the Last Name and First Name of the individual. Enter the period the ICLB will be covering.

Written justification is needed for all ICLB's for consideration of an approved budget. As applicable, all of the following explanations must be provided. Additional pages may be attached as needed; however, attaching a copy of the ISP does not substitute for the required justification. **BE SPECIFIC** in the responses.

- a. An explanation for why the individual requires 24 hour supervision. Must be completed for someone receiving services 24 hour services on the ICLB. Justify the need for 24 hour supervision – health or safety issues, risk of exploitation, medical issues requiring monitoring, behavior concerns, etc.
- b. An explanation of the assurances that health and safety needs are met. What safeguards are in place to ensure the health and safety of the individual? Is staff on call in the event of an emergency? Is the case manager notified?
- c. An explanation of how the individual's needs drive the ISP and budget. What are the outcomes outlined in the ISP and how are the services supporting these outcomes? Examples: RHS – what ADL skills are being addressed? CHP – What goals are associated with this service? Behavior Support Services – What are the targeted behaviors?
- d. An explanation of why the individual requires high level of staff supervision. High level of supervision is considered anything over 8 hours per day of services. Justify need for 1:1 time. Describe what the health or safety issues would be without this level of supervision. Explain why this individual cannot share staff if he/she has housemate (s).
- e. An explanation of why the individual does not have housemate(s). What is the specific reason for lack of housemate? Behaviors? Lack of opportunity? Guardian/individual have not found anyone acceptable? Etc. Include history of housemate attempts and reasons why unsuccessful.
- f. An explanation of the steps being taken to reduce the need for high levels of service planning. How is this individual and the team working towards increased independence? How are they behaviors being addressed? How many potential housemate visits have taken place? What are the future plans for introducing housemates?
- g. An explanation of the individual's refinancing status. Why is this consumer not being supported with waiver services? Did not meet Level of Care? Denied Medicaid? What is being done to pursue Medicaid for this consumer?

- h. An explanation of any required adjustment in benefits. Why have income/benefits changed? If consumer lost employment, SSI decreased/increased, food stamps reduced, etc.
- i. An explanation of why the individual's excess assets cannot be used. If individual has trust fund why can't these resources be used to support monthly living expenses?
- j. An explanation of why the budget is over the Guidelines for Expenses and Costs.
- Housing \$450 (single), \$650 (double), \$850 (triple)
 - Utilities \$150
 - Telephone \$40
 - Groceries \$200
 - Personal Necessities \$80
 - Property Insurance \$18
 - Medical – not insured \$10
 - Cable \$50 per household
- Exceeding any of these guidelines needs justification.
- k. An explanation of why the ICLB is being submitted late. A late ICLB is anything not submitted prior to the expiration of the current approved ICLB or prior to the beginning of new services.
- l. An explanation of why the individual has a zero amount listed as income and/or why does the individual have an amount lower than the allowable benefits listed as benefits? Explain why SSI is not at the maximum amount of benefit designated by the Social Security Administration each year. Why is the consumer not receiving entitlements, such as HUD, food stamps. What is being done to obtain these benefits?

ADDENDUM: DISCRETIONARY FUNDS

MUST be completed if individual receives Earned Income Incentive (EII), lump sum benefit and RLA

The plans should reflect the individual's informed choices and increase his/her independence.

GUIDELINES FOR EXPENSES AND COSTS

Automobiles: If an individual owns an automobile and uses it for work and to participate in activities related to his/her ISP, BDDS will consider reimbursing at the same rate as the service definition for transportation allows (\$.28 or \$.56 per mile up to \$150 or \$300). Repairs, car maintenance, and car insurance will not be funded through an ICLB.

Burial Trust: BDDS will not reimburse deductions for burial trusts. Burial requests for individuals shall be dealt with using resources in the community such as township trustees, etc. and a RLAS, if necessary.

Cable TV: BDDS may reimburse for the cost of basic cable or similar systems up to \$50 per month (basic services only—no premium or extra channels) if the individual chooses the service and can benefit from it. Cable costs shall be divided in a fair and equitable manner among the residents in the setting. BDDS does not fund cable TV for the use of staff.

Camp: Camp tuition may be considered if such activities are part of the individual's ISP. Costs may be included under the CETA line in the Services section of the ICLB. Supervision for the individual at camp must be included in the monthly service costs included on the ICLB.

Cleaning service: Housekeeping is the responsibility of the residents, with support as needed from direct care staff. Services such as Residential Habilitation and Support include basic housekeeping for individuals who are unable to perform these tasks themselves. The individual may also obtain homemaker services from CHOICE services, if available. BDDS does not fund maid services.

Community Transition Services Costs = \$1000

This type of support is available only for the individual moving into community based services for the first time from a facility or from the family home and not for subsequent moves within the community. Costs must be itemized. Receipts must be maintained and be available for BDDS review. The items purchased become the property of the individual. The start up costs may include housing deposits, utility deposit/hook-up, furniture, linens, and clothing. Start up costs shall not include the purchase of major appliances.

Counseling: BDDS does not reimburse for counseling services. Counseling is a service covered by Medicaid. Individuals who chose a provider who does not accept Medicaid must cover those costs using their Earned Income Incentive or family contributions. Cases where certain counseling may not be covered under the Medicaid state plan or the individual does not have Medicaid will be reviewed on a case by case basis.

Earned Income Incentive (EII): There is no cap on the Earned Income Incentive.

Expenses Related to Staff Accompanying Individuals during Activities: The expectation is that the individual would be accompanied by friends, family and other unpaid personnel who also enjoy the type of activities and events that the individual attends. It is a social, entertaining, fun event that can be a shared experience between/among friends, family, associates. Otherwise, BDDS does not reimburse for the cost of expenses related to staff admission to events and activities that an individual attends as part of community activity and participation (admission to movies, dining out, membership fees, etc.). These are considered to be part of the administrative costs covered in the service rates.

Foster Care: Individuals receiving Foster Care services are not eligible to receive an RLA. Finances need to be monitored by the provider responsible for managing the individual's finances to ensure that benefits are maintained.

Guardianship Fees: BDDS does not reimburse for fees related to guardianship and guardianship reports via the ICLB. Payment of this fee is an issue to be determined by the guardian and the court system.

General repairs and maintenance: The general repair and maintenance of rental property, including repair of major appliances and HVAC systems, should be included in the lease/rental agreement with the landlord. BDDS may consider requests for repairs due to unusual damage caused by the behaviors of individuals being served. However, BDDS staff will consider the implementation of effective behavior management and supervision of individuals in evaluating these requests.

Life insurance: BDDS will not reimburse for the premiums for life insurance in which there are dividends and benefactors.

Moving Costs: Moving requires planning. For subsequent moves in the community, it is expected that the individual's share of deposits (for utilities, security deposit, etc.) will transfer to the new residence. The individual may need to budget for some expenses related to moving. In some circumstances, a RLAS may be considered to cover moving expenses, including deposits, at the discretion of the Director of BDDS. Community Transition Services costs are for the initial move into the community only and shall not be approved for any subsequent move. Housemate options must also be considered when moving and housemates identified prior to a move whenever possible.

Monthly Living Expenses: This amount should be no more than 150% of poverty level for a single individual as published in the Congressional Federal Register for the current year. Written justification is required when the RLE exceeds this amount. An individual may supplement this amount with earned income incentive.

Monthly Living Expenses Recommended Parameters:

Housing:	\$450 (single), \$650 (double), \$850 (triple)
Utilities:	150
Telephone	40
Groceries	200
Personal Necessities	80
Property Insurance	18
Medical - not insured	10

Not all Monthly Living Expenses are expected to be at the top level of the categories. If the Monthly Living Expenses exceed the parameters, a justification statement must be included in the Addendum.

Pets: BDDS will not provide funding for the care of pets and/or companion animals. Individuals may use their EII or family contribution for these costs. If interaction with an animal is suggested for therapeutic reasons, the individual's IST should investigate other options in the community such as volunteering at the Humane Society.

Purchase of Major Appliances: BDDS funds cannot be used to purchase major appliances such as refrigerators, stoves, etc. in rental properties. This is the responsibility of the landlord. Individuals should not choose to live in settings without appropriate appliances.

Purchase of Home: At this time BDDS will not support the purchase of homes by individuals. Budgets that currently include mortgage payments will be considered on an individual basis. The individual must consider the total on-going cost of home ownership, including taxes and upkeep, before committing to the purchase of a home. BDDS shall not fund on-going maintenance or capital improvements to property owned by individuals or providers.

Representative Payee Fees: BDDS does not reimburse for representative payee services. The individual shall be informed that any such fees come directly from their benefits and will not be reimbursed by BDDS so that he/she may make an informed choice about who serves as the representative payee for benefits.

RLA Monthly Management Fee: A provider agency that is not the provider of residential services, but is requested to assist the individual in managing his/her Monthly Income/Benefits and Monthly Living Expenses can be compensated at 5% of the total RLE.

Upkeep of Property: Items such as lawn care and snow removal should be part of the lease/rental agreement negotiated with the landlord. The responsibilities of the individual's residence should be matched with his/her needs and capabilities. If an individual is unable or unwilling to assist with the upkeep of his/her single dwelling rental, that individual may be more appropriately served in an apartment setting where lawn care or snow removal is not the responsibility of the resident. In situations where upkeep of property is not included in the rent and the individual cannot or will not assist with the upkeep, the cost of lawn care, snow removal, etc. may be considered a valid item for BDDS reimbursement at a fair market value on an individual basis.